



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

ANESTHESIA ALLIANCE OF DALLAS

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-16-3408-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

July 12, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "After no response or payment from this carrier we contacted Mutual of Omaha . . . and learned they were not able to identify this patient as an insured. . . . On 3/31/2016 we finally learned the correct carrier for this date of service was Texas Mutual Insurance . . . We submitted our claim to Texas Mutual via fax on 3/31/16"

**Amount in Dispute:** \$936.67

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requestor has not shown that Mutual of Omaha issues a policy of group accident and health insurance. . . .for the exception to apply it must be shown the claimant was covered under a group accident and health insurance policy issued by Mutual of Omaha. . . . What the requestor has shown . . . is that . . . MUTUAL OF OMAHA UNABLE TO IDENTIFY PT WITH INFO GIVEN."

**Response Submitted by:** Texas Mutual Insurance Company

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
September 1, 2015	Anesthesia Services	\$936.67	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
4. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.

5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED
  - 97 – THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
  - 217 – THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE
  - 731 – PER 133.20(B) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE

### **Issues**

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

### **Findings**

1. The insurance carrier denied disputed services with adjustment codes:
  - 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
  - 731 – PER 133.20(B) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE

28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.”

Texas Labor Code §408.0272(b) provides that, notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
  - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
  - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
  - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

No documentation was presented to support any of the exceptions described in Texas Labor Code §408.0272. No evidence was presented to support that the initial carrier billed, Mutual of Omaha, met the definition of a group accident and health insurance carrier, a health maintenance organization or a workers' compensation insurance carrier within the requirements of Labor Code §408.0272(b)(1). Moreover, no information was found to support that the injured employee was a covered insured or enrollee under such a plan with that carrier.

Accordingly, the health care provider was required to submit the medical bill to the correct workers' compensation insurance carrier not later than 95 days after the date the disputed services were provided.

2. Texas Labor Code §408.027(a) states that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.”

The disputed date of service is September 1, 2015. The 95<sup>th</sup> day following this date was Saturday, December 5, 2015—which was not a working day; therefore, the deadline was extended to Monday, December 7, 2015.

Review of the submitted information finds no documentation to support that a medical bill was submitted to the correct insurance carrier by Monday, December 7, 2015. Documentation supports the provider submitted the bill on March 31, 2016—which is after the 95<sup>th</sup> day following the date of service. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

### **Conclusion**

For the reasons stated above, the division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### **Authorized Signature**

_____	<u>Grayson Richardson</u>	<u>December 8, 2017</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form DWC045M) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.